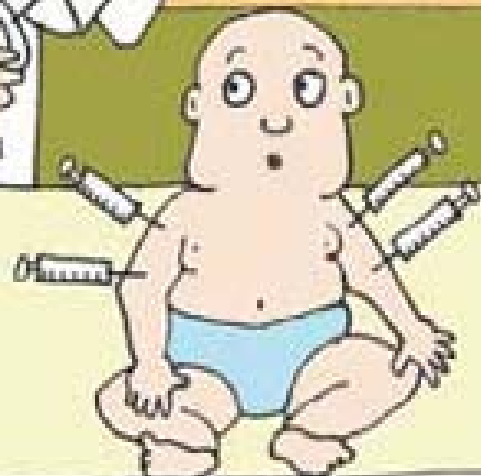


Local Health Department Data

Immunization Rates for Children in Dane Co. & City of Madison



Why didn't you say in the first place? We could have used this new all-in-one vaccination rather than the traditional multiple injections. Oh well! We'll do it this way next year . . . How about that!

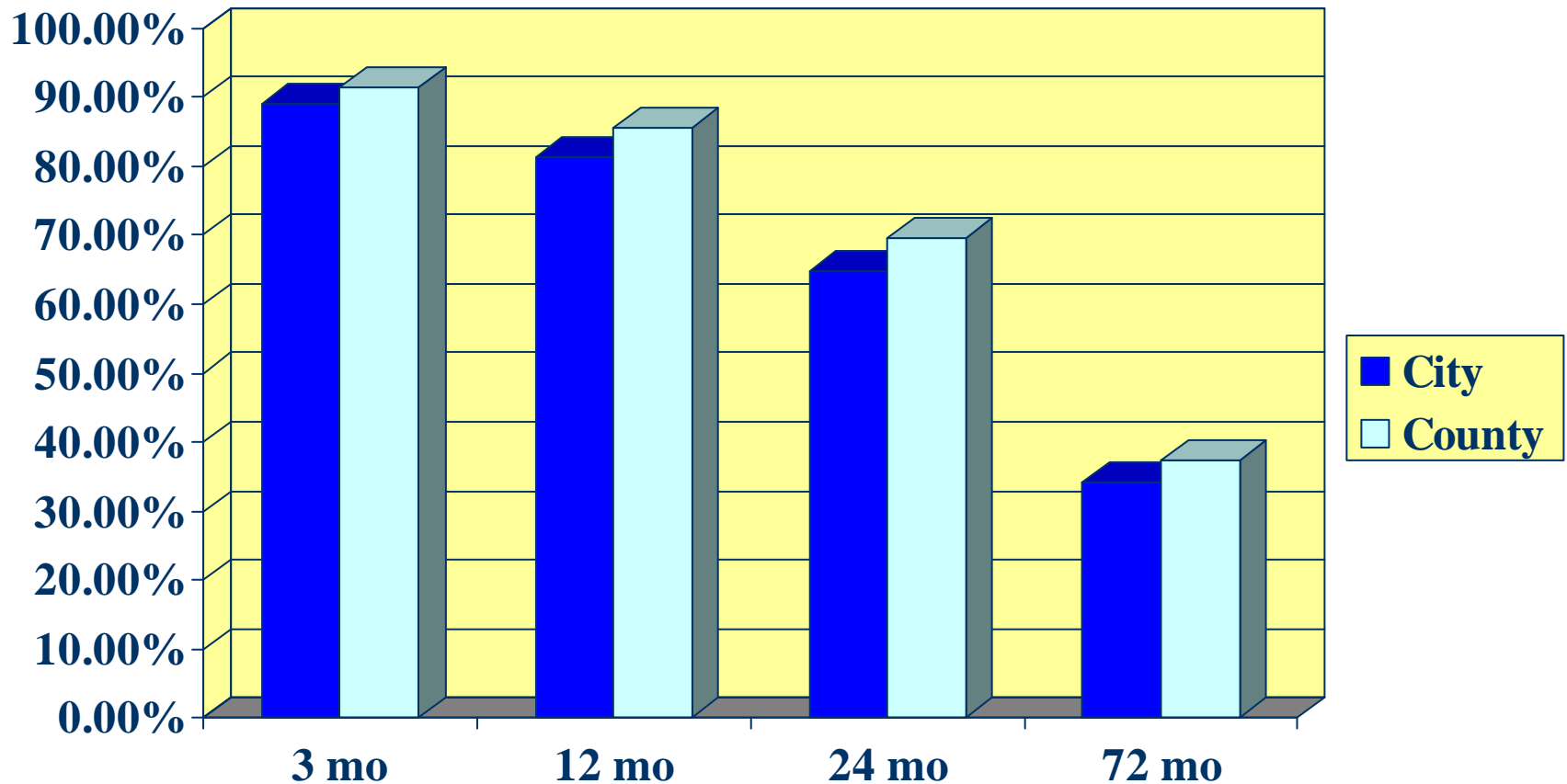


Emma Holsten 2005

Local Health Department Data

- ✓ Rates assessed for Dane Co. & City of Madison children
- ✓ Healthiest Wisconsin 2010 goal: at least 90% of WI residents two years of age will be fully immunized in accordance with ACIP recommendations (4:3:1:3:3)

Immunization Rates



Dane Co. 3 month

Cohort: 1/1/06-3/31/2006

assessment date: 1/1/07

(1)DTaP, IPV, HIB, Hep B

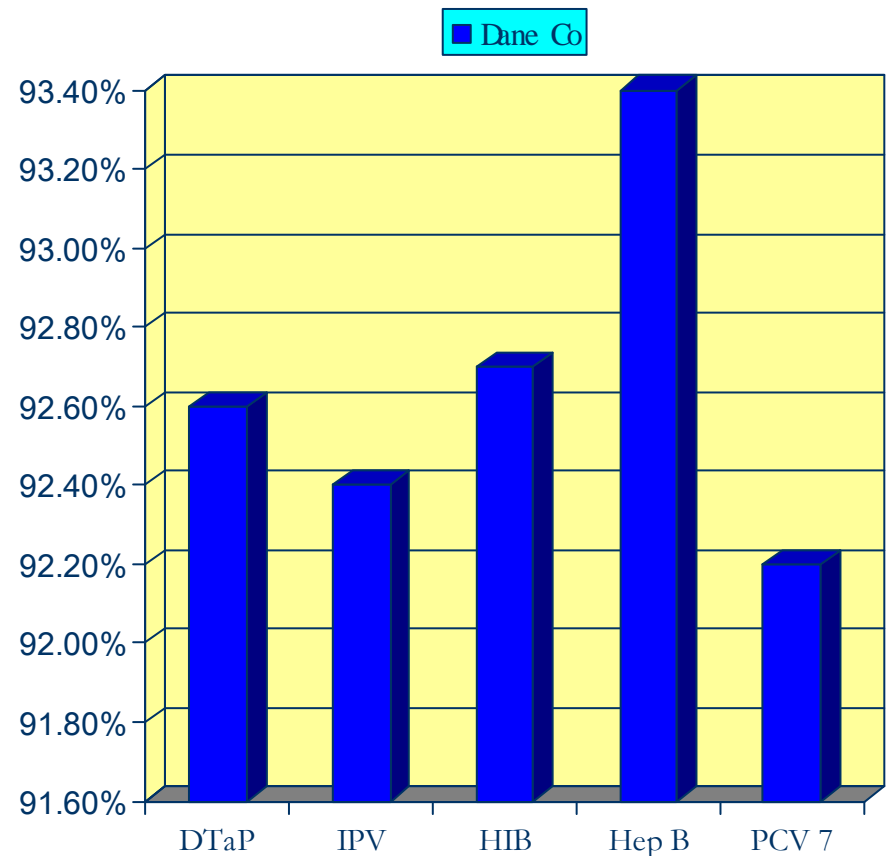
1,396/ 1,518 children

Rate: 92%

(1)DTaP, IPV, HIB, Hep B, PCV7

1,388/1,518 children

Rate: 91.5%



Dane Co. 12 Month

Cohort: 1/1/05-12/31/05

assessment date: 1/1/07

3 DTaP, (2)IPV, HIB, Hep B

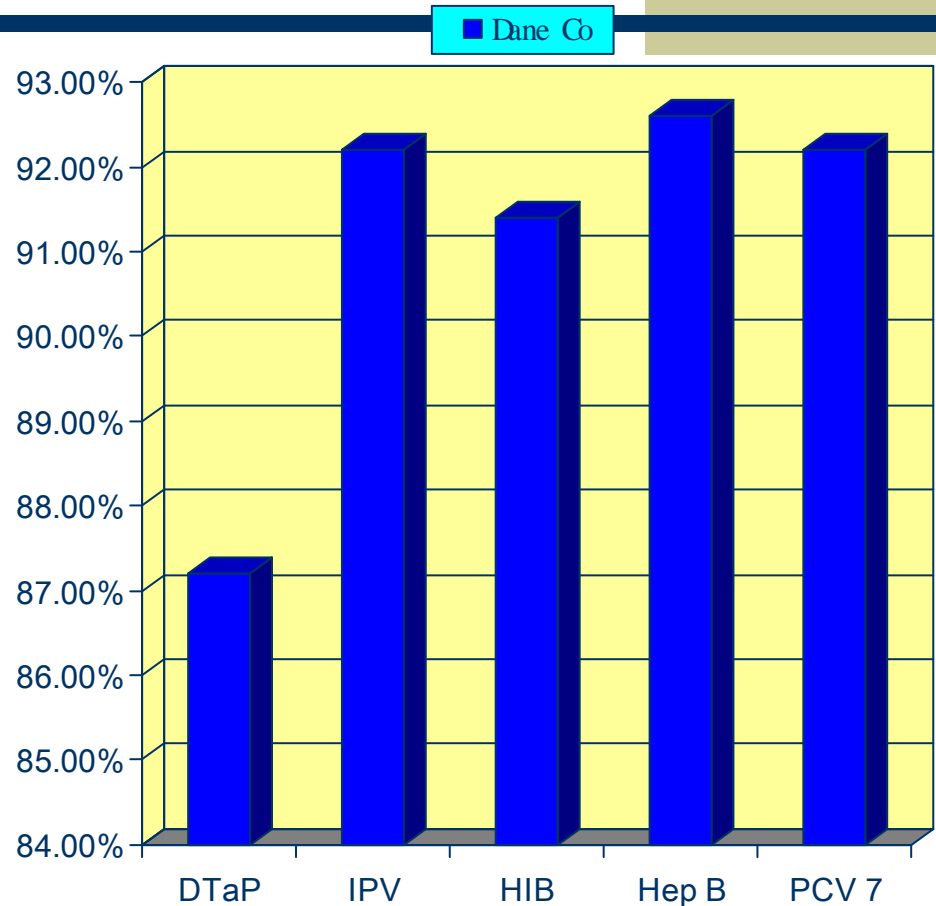
Rate: 85.6%/ 88.9% LUTD

5,344/6,244 children

**3 DTaP, (2)IPV, HIB, Hep B,
PCV7**

Rate: 85%

5,312/6,244 children



Dane Co. 24 month

Cohort: 1/1/04-12/31/2004

assessment date: 1/1/07

**(4)DTaP,(3)IPV, HIB, Hep B,
1 Varicella**

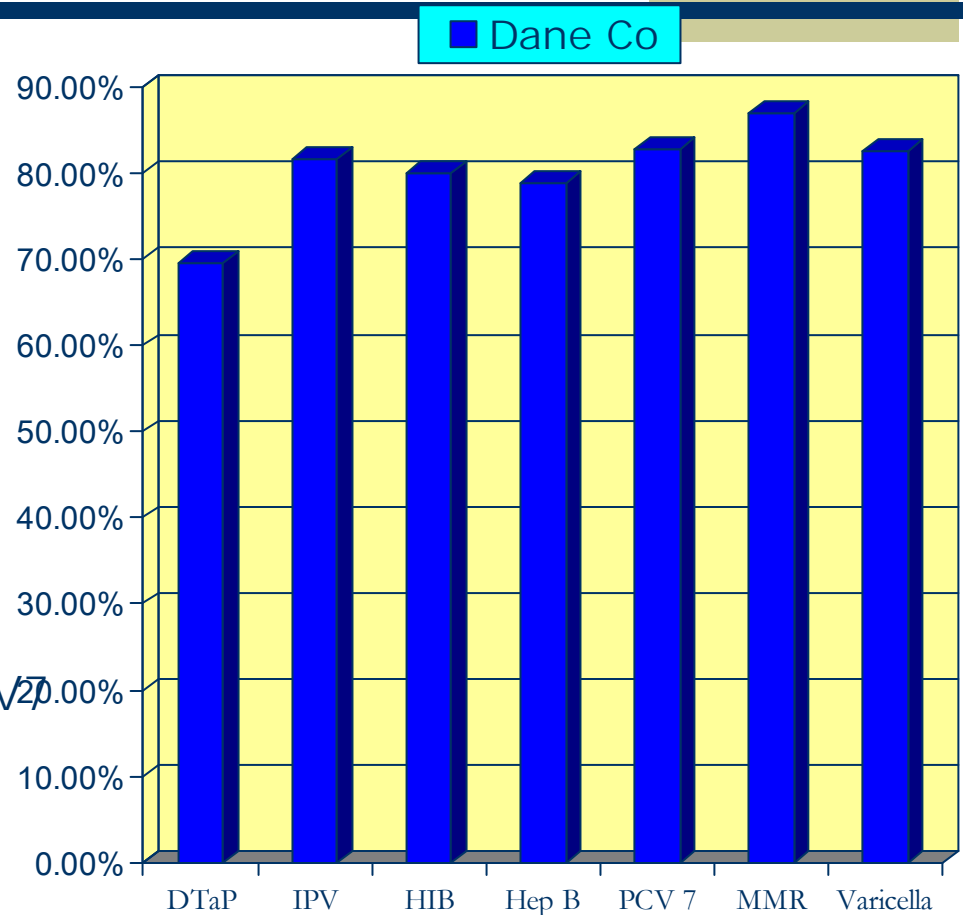
Rate: 69.7%/ 73% LUTD

4,320/6,199 children

4:3:1:3:3 rate: **70%**

**(4)DTaP,(3)IPV, HIB, Hep B, PCV7,
1 Varicella, MMR**

Rate: 65%



Dane Co. 72 Months

Cohort: 1/1/01-12/31/2001

assessment date: 1/1/07

**(5)DTaP,(4)IPV, HIB, (3)Hep B,
1 Varicella, 2 MMR**

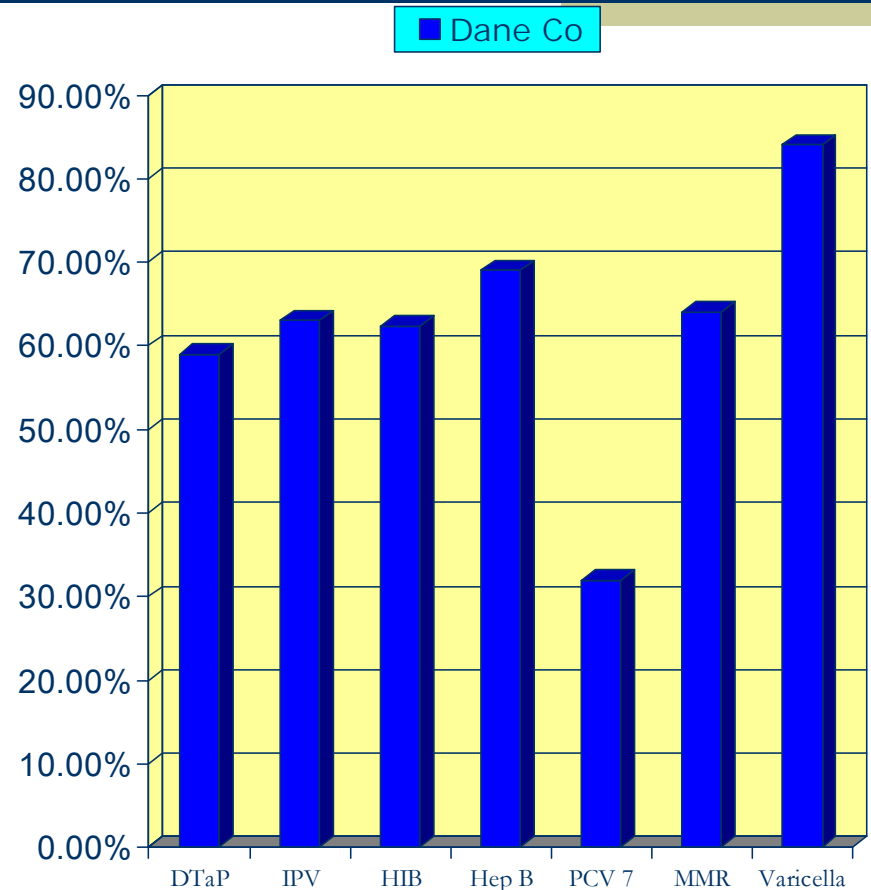
Rate: 37.4%/ 40% LUTD

2,162/ 5,783 children

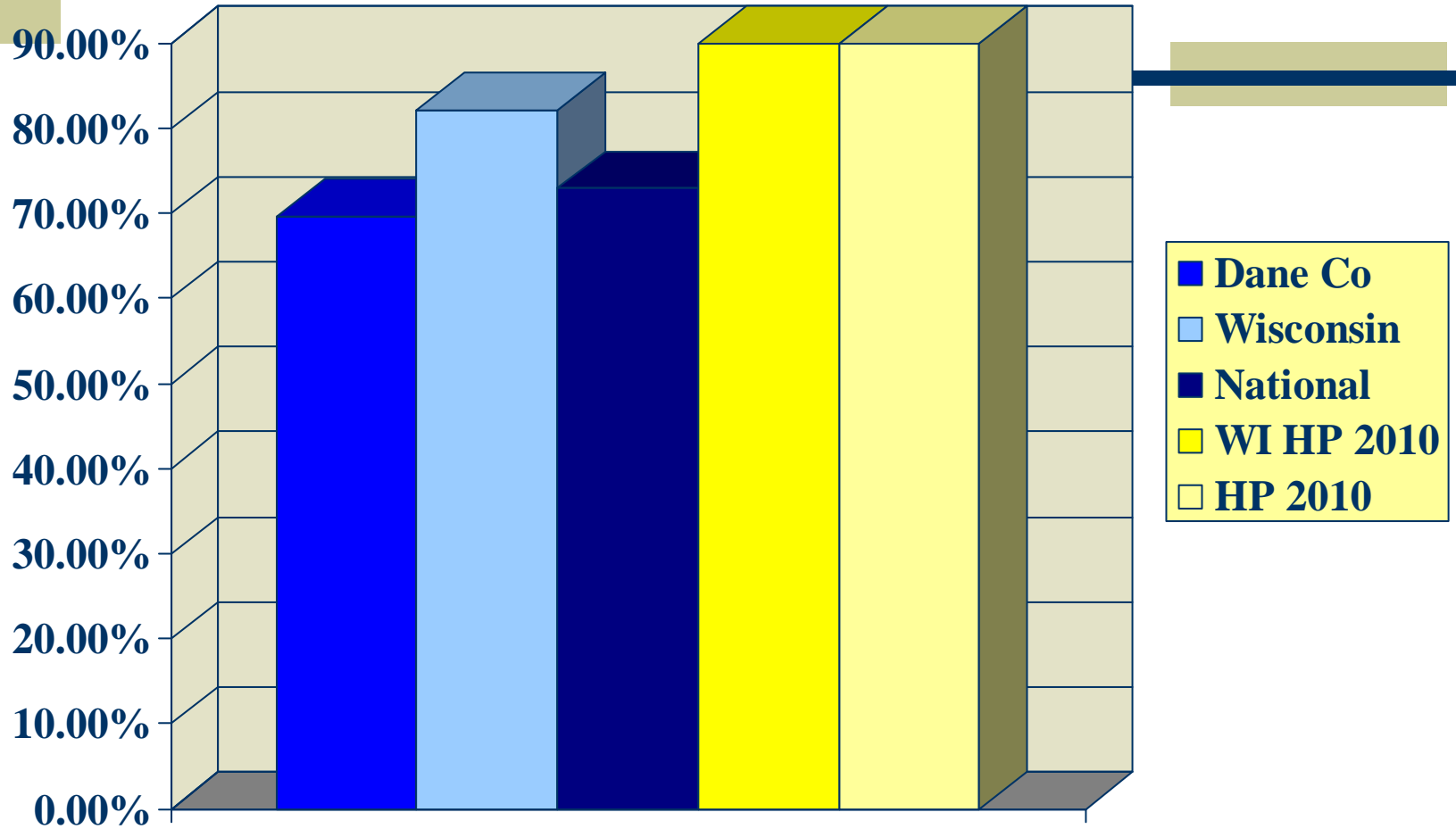
**(5)DTaP,(4)IPV, HIB, PCV7,
(3)Hep B, 2 MMR, 1 Varicella**

Rate: 16%

937/ 5,783 children



Local, State, National Comparison



UTD by 24 mo.

4:3:1:3:3 vaccine series

- ✓ Healthiest Wisconsin and HP 2010 goals based on 4:3:1:3:3 vaccination series by age 24 months
- ✓ (4) DTaP, (3) IPV, (1) MMR, (3) Hib, and (3) Hep B



Changes in data



- ✓ Public health is now using community wide data for consolidated contract funding. Public Health will now be focusing upon Dane Co. as a whole. Agency only data was traditionally used in the past for consolidated contract reporting. (CASA program)

Why does local data appear low?

- ✓ Children that have moved away are still counted in data and will slightly lower percentages
- ✓ Children that start their immunizations late may not need all doses, but will still be counted as “missing benchmarks” even if they are considered UTD
- ✓ Some children are immune to Hep B and Varicella, and others (they have a titer report but no immunization record) and are still counted as missing benchmark
- ✓ Some children received HIB, PCV, etc when infants but are being counted as missing benchmarks when they return for shots at age 4-6 are are too old to receive vaccines.
- ✓ Small percentage of children have waivers for some or all vaccines and are still counted as missing benchmarks

How Can We Improve Rates?

- ✓ Be sure to add historical immunization data to child's immunization record and the WIR
- ✓ Change status to "moved or gone elsewhere" within the WIR if the child has moved away
- ✓ Recall/ reminder letters/ postcards
- ✓ Teletask will call parents automatically
- ✓ By working together, PH and private providers can improve immunization rates which will benefit the entire community
- ✓ DCIC is an opportunity to meet our goals together

How Can We Work Together?

- ✓ How can we work together to improve immunization rates and meet our goals (NCQA, HEDIS, Consolidated Contracts)?

